

PAULINE MOOR

AN EDUCATIONAL SERVICE FOR THE
BLIND CHILD OF PRESCHOOL AGE

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PAULINE M. MOOR

THIS REPORT IS CONCERNED with a teaching method for parents and children which is in use with one diagnostic group of preschool blind children who are under study at the Massachusetts Eye and Ear Infirmary. These children have a severe visual loss due to an ocular abnormality, retrolental fibroplasia.

As general scientific knowledge of the child and his development is influencing other fields of work pertaining to children, so there is a keener recognition of the blind child's needs. Interest, too, has increased in services to meet these needs. A recent publication, *The Blind Preschool Child*,* stressed not only the preschool period as the most formative of the child's entire life but also the importance of home life to the normal development of any child. To offer a blind child

security in his own home presents a more difficult problem than is true for the child with normal vision. Parents need assistance and instruction in regard to many phases of the child's development. Throughout the country there is a wide variation in the type of services provided for the blind child in his home, and great differences in the training, background and ideologies of the workers offering the services.

The preschool teaching service described here is a part of a more comprehensive program focused upon giving parents of the blind child a feeling of competence and security in his care and training; this program is intended to prepare him for a life which approximates as nearly as possible that of the normal child. The preschool teacher studies the children from the point of view of their developmental progress and offers an educational service to parents through the media of home visits and periodic office consultations.

Referrals are usually made to the preschool

*Lowenfeld, Berthold (ed.) *The Blind Preschool Child* (New York: American Foundation for the Blind, 1947).

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teacher by the medical social case worker at the Infirmary when parents begin to express concern over the child's development and bring up questions about training. From February 1946, when the writer became associated with the program, to September 1948, fifty-six children were visited in their homes on a service basis while an additional sixty-one were observed at the time of ophthalmological examination. The majority have been children between the ages of sixteen months and three years, as this represents a time when the blind child is neither an infant, toddler, nor the proverbially "active two-year-old." A child may be referred, however, at any time the case worker believes the mother is in need of teaching service and emotionally ready to accept it. No referrals are made routinely on the basis of age, diagnosis, or problems, as it has been found that there is variation in the psychological readiness of the children to learn and in that of the parents to accept the teacher's services. The teacher, in contrast to the case worker, is prepared to be authoritative in terms of definite instruction in the field of good habit training and child guidance.

The young child is literally wonderfully and almost incomprehensibly made. Even in his untutored simplicity he is extremely complex. He is highly individualistic. He has his own physical characteristics, his own mind, his own feelings; and though he grows like all human beings, he has his own rate or rhythm of growth and development. Sometimes he progresses rapidly and then again, he may seem to remain at a certain level for an inexplicable length of time, or, he may regress, as for instance after an illness, hospitalization, or other changes of environmental influences. Fortunately, he never loses all that he previously gained. With spurts and regressions the growth process is essentially a forward one, and throughout the whole the child is learning new modes or patterns of behavior.

The growing child has certain fundamental needs. The child with a visual loss has these same needs—briefly: he must have food, clothing, warmth, shelter and activity alternated with rest. He needs to feel he has power and to experience the satisfaction which comes from accomplishment; he wants to be recognized; he wishes to feel independence, but at the same time he must feel he is wanted, belongs, and is a part of something larger than himself. Above all, he wants to know that he is loved. These needs exist to a varying degree according to the individual, but in the blind child we find the psychological ones are usually intensified. Like the seeing child, the blind child gives expression to his needs in a variety of ways, but his behavior may at times seem different from or even peculiar compared with that of other children. A visual loss does not necessarily affect the child's normal development, but rather, that development may be affected when the child's fundamental needs are not being met in proportion to the requirements necessitated by his handicap.

We know that most of the learning of the first five years of life normally proceeds by way of vision and consequent imitation. Without the sense of sight, the method of learning is grossly altered. It is, therefore, surprising that the blind child can conform as quickly as he does to standards of acceptable behavior set for the seeing child. But the young child has great flexibility and is capable of adaptation with a certain amount of guidance. If the blind child has not acquired certain skills characteristic of a seeing child of his age, parents express concern over the lag in his progress and may even interpret it as slow mental development. It is quite understandable that they then seek assurance and help in methods of teaching their children.

The problems raised most frequently as noted in our study are those in relation to: (A) motor development (B) establishment of good training habits, including sleeping, feed-

ing and toileting, and (C) adaptation of the child to his environment, whether it be his crib and toys, play pen, or later to a first group experience with children of his own age.

(A) *Motor Development*

Probably most parents are concerned at first by the blind child's slowness in getting on to his feet. As long as he is an infant, comparatively little is expected of him. However, there comes a time when the mother feels he should be sitting up without slumping down immediately, standing alone or walking without support.

Children with vision do these things as soon as they have the necessary physical strength because they are constantly being stimulated by color, shape and movement. In fact, they often exert every bit of energy which can be mustered in trying to obtain the almost intangible, as for example, the child learning to creep who sees a ball but cannot quite reach it. The blind child learns by inducement too, but in the early stages of his growth he is dependent entirely upon the adult who must bring to him this stimulation. During this period the grosser motor development of the blind child tends to be slower than that of the seeing and energy which would have otherwise been expended in running, jumping and constant motor activity often finds outlets in other ways.

As the child begins to develop more skill and confidence in walking, he may still continue to show an interest in play materials which require fine motor coordination but no real dexterity. If he shows a preference for bells, rattles and plastic sound blocks, his parent, who associates these toys with infants, is supported in the belief that the child is immature for his age and feels he should be interested in more advanced play materials. It is natural that the small object should continue to be of interest to the blind child. It is something which he can easily manipulate and even "mouth" if necessary. He can con-

trol it completely, answering in part his need for power. It is usually light in weight, has an auditory stimulus and demands little effort on his part. Moreover, he can play with it independently with no interference from the adult.

Though the blind child may seem to be in the stage of playing with small toys in a manipulative or exploratory fashion for an unusually long period of time, generally speaking he needs more practice and experience than the seeing child with all materials. Probably this early period of handling objects when he is developing better coordination and greater sensitivity has more significance, taking a long-range point of view, than we are apt to realize.

(B) *Habit Training*

In this area a common problem is that of establishing good sleeping habits. With blind children, as contrasted to the seeing, the problem is not the going to bed, which they do quite willingly, but the irregularity of sleep. Many parents report that their children will rest quietly for three or four hours and then be awake for the same length of time. Whereas some just lie awake, others rattle their cribs and may even do a considerable amount of head-banging. Recalling the child's need for activity alternated with rest, one can understand how the child gives vent to his energy in this way, particularly if he tends to be fairly inactive during the day. It is not unusual to find children who have habits of day and night completely reversed.

The cultivation of good feeding habits is apt to be of concern to the parents. There are the usual well-known "feeding problems" which have an emotional basis with these children as with the seeing, but, by and large, the difficulties which parents mention are more closely associated with the making of various transitions, for example, from bottle to cup, from food of strained texture to coarse, and with the mechanics of eating.

Many blind children have difficulty learning

to chew. They have followed the pattern of letting food just slip down for such a long time, that when given coarse textures they will immediately spit them out, gag, or simply swallow with no chewing movements at all. For normally seeing children transitions of any kind whether in the nature of food, place (for example, coming in from the yard when mother calls), or redirecting of attention, are hard. In this respect the blind child is often less flexible than the seeing. Though we try to prepare him carefully in other areas and he makes the transitions reasonably well, when it comes to the matter of food which is essential to his well being, and feeding which is a normal function from birth, he may tend to be resistant to the new and cling to the old and familiar which is completely satisfying. In this instance we see how a visual loss may inhibit the child's natural desire to grow up.

To manipulate a spoon, to hold a glass and to return it to the table, are all intricate learning situations for the child who does not imitate by way of sight. We know that hand-eye coordination is very difficult for the seeing two-year-old who is just beginning to feed himself. It is not unreasonable then to expect a long period of trial-and-error learning on the part of the blind child. What often happens is that the mother thinks the process and progress are too slow, and therefore feeds the child herself. One mother commented in speaking of her little girl's self-feeding, "She can do it but the food flies". It is the ability to feed oneself that is significant rather than the manner in which it is done.

Last but not least, is the problem of toilet training, which is probably the one most frequently mentioned at the time parents ask for service. Paradoxically, it does not cause parents the most concern. A parent may be more disturbed by the child's lack of interest in holding toys, or anxious about the child's mental development, but because toilet training assumes such importance in the minds

of society—the child's relatives, neighbors and friends—the parent will express her need for service on this basis.

The general problem of the establishment of good toilet habits with the blind child does not differ from that with the seeing. When he is psychologically ready to be trained, ready to accept this requisition laid down by society in the process of acculturation, he will conform easily and willingly. In the meantime, he again tends to cling as long as possible to his old pattern of behavior in regard to this function, which, like feeding, is so much a part of himself that he is not willing to accept readily a new pattern.

(C) *Adaptation to Environment*

Often parents comment on the fact that nothing seems to interest the child. Perhaps he consistently opens and closes doors or throws his toys. "He doesn't like anything". Here again we see the child's normal need for expressing power or control over something and the door is a very satisfactory answer whether a child has sight or not. However, the blind child may remain in the stage of door-closing and toy-casting longer than the seeing child because it is not only fulfilling a psychological need for him, but at the same time it is offering him opportunity for new discoveries regarding toys and doors: how heavy they are, how they sound. At times he may not be aware of the other possibilities in his environment. Like the seeing child, the blind one may exhibit a great deal of diffuse destructive activity.

Closely related to the problem of interests is that of attention span. One child may play with a toy only momentarily and, after throwing it, will show no further interest in it. He may eat toast or cookies in the same fashion. Another may become so possessed with an interest that he develops a persistence which is hard to break. This child is the one whose mother invariably remarks, "He has a one-track mind."

Sometimes parents ask about "disciplining"

the child. The question usually reveals the mother's attitude towards him in that she feels because he is blind she cannot treat him as she does the other children in the family. On the other hand, "the good baby" who seems to make no demands upon his parent may be the inactive child who needs a greater amount of stimulation. In some instances of extreme passivity, the child may withdraw so completely within himself that he relates himself only with difficulty to his environment.

The mannerisms which are so often seen in blind children are apt not to be as distressing to the parents as to friends and relatives. Many of these behavior patterns which we are accustomed to thinking of as accompanying blindness are to be found also among seeing children, but usually they are not so pronounced. They are observed in the blind child at times when there is a comparative vacuum for him, when he is under emotional strain, or, as he grows older, when he is absorbed in concentration. In the first instance, this behavior seems to be an outlet for the unexpended energy already mentioned. More often, however, these mannerisms are exhibited when the child is confronted with a situation for which he does not have a more acceptable behavior pattern. In other words, they act as a "safety valve" for him.

With this background of some of the problems which parents are facing in the early training of the child, we turn to the function of the preschool teacher. Her work may be divided into three primary categories, each of which will be considered in turn:

1. Service to the parent
2. Direct teaching of the child
3. Observation of the child's development for study purposes—i. e. defining common deviations from normal development, determining the child's general capabilities for participation in his family group, neighborhood and community, his "readiness" for formal educational training, etc.

1. *Service to the parent*

In the opinion of the writer, the most important function of the teacher is her service to the parent. It is the mother in her home who determines the "climate," let us say, in which the young child is to grow. She is with him practically twenty-four hours a day. Moreover, it is from his mother, whom the child knows best and loves, that he also learns. The teacher can offer the parent some understanding of the child's normal development as an individual, and of the influence of the visual loss upon the normal pattern of growth and development. Some parents are able to accept more direct information than others. Many need only approval and reassurance of the child's general all-round development to be encouraged in continuing their methods of training and guidance. Most parents give evidence that it is more meaningful if these suggestions and observations come from a person trained in the principles of child behavior and development.

The teacher is able to give concrete suggestions to the parent. For example, a great deal of handling of the baby is advised; parents are encouraged to give the child who is slow in getting up from his crib a variety of sitting experiences—bolstered for short periods in his soft carriage and firmly supported in his harder high chair. For the irregular sleeper, the teacher may work out a schedule with the mother so that the child's day may be planned to fit his needs as well as those of the family—the daily nap may be eliminated and the child put to bed later in the evening.

Because it is impossible for the adult to be constantly with the child, toys become very important in the life of the blind child in helping to provide the stimulation which he needs. A cradle-gym, for example, will attract the baby as his hand accidentally comes upon it through random arm movements. Toys scattered around the play pen will reward that outward thrust of movement which perhaps originally had little real purpose behind

it. The teacher is often asked for suggestions of toys which have an appeal to the child as well as educational value. Parents sometimes think it is difficult to find the toy which interests him and others wonder if he should not have something "special" because of his handicap. The writer feels that the problem is first one of presenting the new to the child. The teacher therefore demonstrates simple play materials and ways of introducing them in her visiting.

Secondly, the blind child may enjoy a toy just as much as the seeing but show his appreciation in a different manner. As one critically analyzes the toys for the preschool child on the market today, one finds they owe much of their attractiveness to their strong visual appeal: first, by way of color, and second, by way of activity which is immediately induced by sight. A preschool child never has to have a set of directions to find out what to do with a toy for his age level. To the blind child the same toys will have an appeal after he has experienced some pleasant learning situation. For example, placing red, blue and yellow pegs in a peg board means very little to him except the fun of playing with the person who initially shows him the purpose of the peg board and commends him for his accomplishments. When he uses scissors he is not so interested in the form which his cutting gives his paper as in the fun of manipulating the scissors and hearing the snipping noise.

In selecting toys for a blind child as for any child the same questions might be asked, as: Is it safe? Can it be cleaned? Is it sturdy? What can he do with it? A little discrimination in choice will reap unexpected returns. A stream roller, the envy of the neighborhood, versus an ordinary kiddie-car, will help any child to be more quickly accepted by his contemporaries and bring him companionship. Parents are encouraged to give their children as wide a range of experience with various textures, weights, shapes, sizes, consistencies, smells and sounds as possible, for play is the

life of the child and play materials are his tools of learning.

2. *Direct Teaching of the Child*

In some instances it may be advisable for the teacher to work directly with the child, particularly if he is resistant to his parent's method of teaching, or has some other emotional block. However, it is felt that this type of instruction is not the real purpose of the service offered but only a means to an end—that the parent should ultimately feel adequate and able to provide for the child an environment which is conducive to his best development. The teacher can be with the child but a comparatively short time. If the child is to feel confidence in her and be responsive to her there must be a close relationship between them built upon acquaintanceship. Learning which takes place with the teacher must be transferred to the parent. Some activities are better suited to direct teaching service than others. A situation such as teaching the child to walk is one in which the direct method can usually be used successfully as there is an easy carry-over from one person to another; feeding, on the other hand, would be apt to present an additional psychological problem. Parents benefit from observation but they, too, need to feel a sense of achievement and the satisfaction of success.

The teacher not only demonstrates definite methods but can by her own actions give parents certain cues which are in reality good guidance principles put into practice. For example, we know the importance of warning a child, preparing him for what he may expect. We are prone to forget the number of new experiences to which any young child is constantly being subjected, and to the blind child in particular the confusion must at times pyramid in his mind. We are not alert to all the ambient sounds with which he is building his associations and thereby his world. It is important, then, that we constantly help him to anticipate what is coming and orient him with some description. A remark is often

sufficient: i.e., "Here is my pocketbook with a buckle on the handle", "A truck is passing," "We too are still eating our dessert." Even little comments such as these mean assurance and participation to the blind child.

3. *Observational Study of the Child*

The third type of service which the teacher performs is of a more technical nature. By virtue of her close association with children she is consulted when the developmental progress of a child is under discussion. She is also ready to share her knowledge with persons interested in making educational plans for the child.

She may suggest when a child is ready for wider horizons such as a group experience outside of the home. We know the value of the nursery school as a supplement to the home for many children and have seen that it can also be beneficial to the blind child who may need to learn to relate himself to persons outside of his immediate environment and who can enjoy a program of activities planned at his developmental level.

Since the child is going to live in a world of seeing persons, these early group experiences might well be with seeing children. With our children families are encouraged to use neighborhood nursery schools, kindergartens or play groups whenever possible. When the parent inquires at a school about enrollment for her child a common answer is, "But he would require an extra person to watch him constantly." The preschool teacher is ready to interpret the handicap to the school, suggest how the blind child may participate in much of the regular program with little special attention, and give further service when necessary. She can give the nursery school teacher, who may feel inadequate because she has never had a visually handicapped child in her group, certain suggestions as to how the blind child learns, and how he may be easily accepted by the group, and she may even assist in planning his activities. It

becomes an interesting venture for the teacher, school and child, rather than a responsibility which the school may have at first felt that it was unprepared to accept.

As is readily seen, the goal of the educational preschool service herein described is to help the parent and the child so that the latter may develop to the best of his ability. What the child's optimum may be we do not attempt to measure.

Certain observations have been made during the course of study which may prove to have some validity. In the process of growth and development we find that the blind child usually learns to walk, talk, feed himself and take care of his toilet needs in the order mentioned. Each stage gives him a new feeling of independence and as he reaches each new level certain individual behavior problems which he may have had begin to disappear.

Another observation from our study is that there is a tremendous amount of variation in the rate of development of the children within even a small diagnostic group. The problems, too, which these children present, vary, and for the most part in direct proportion to the amount of visual loss which the children have.

Throughout her work with parents, the teacher is creating and reinforcing constructive attitudes toward the child which are the framework of his security. At the root of all preschool training and good parent-child relationships there must be an appreciation of the child, a certain faith in him and, above all, a feeling of warmth and affection such as a mother can give. Someone has said, "The language of the child is his physical contact with the parent." He thrives on love, and being picked up, cuddled and praised for his accomplishments. The blind baby does not see his mother's smile of approval, he is not stimulated to response by watching the light that flashes across her face, but he is highly sensitive to her voice, her touch, and the atmosphere which she creates. He knows her mood

by the sound of her step as she crosses the room, or by the quickness of the closing of the door. He knows her feelings by the tenseness of her body as she lifts him into his high chair or by the softness of her arms as she puts him into bed. The deepest messages are often those without words.

The child responds. The blind child, like all others, reacts according to his feelings. He learns from those in whom he has confidence. He demands time, energy, patience and love—and rewards them.

Today successful living seems to be judged in terms of one's adjustment to society, which begins, the psychologists say, as soon as the person is born. All around may be seen services and opportunities offered young children to facilitate their living in a world growing increasingly complex. Blindness is a severe deviation, but we know it need not necessarily

prevent one's satisfactory adjustment. It seems reasonable to assume that the services which are beneficial to the seeing child may be of equal or greater value to a child with a severe visual loss. It is with this premise that we proceed in our attempt to give the blind child as much experience in the seeing world as he is able to accept. This experience begins in the home, therefore guidance is offered to parents. With a better understanding and appreciation of the blind child, parents who have been discouraged and anxious about his development and his future, can take courage and show pride in each of his new accomplishments as he grows and develops. A preschool educational service should be so designed as to assist the child in his adjustment to society so that he may meet life not in terms of a disability but always in relation to his total capacity as an individual.

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